INFORMATION INFORMATION INFORMATION		Docket Number:		Application Number:		
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		Applicant:				
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Examiner Document Number		Issue/Document	Name		Filing Date If	
Initial		Publication Date	,		Appropriate	
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Initial		Date			Yes	No
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.						
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